

highest it has been during this administration. So filling up the minivan is now a costly chore for mothers and fathers as they proceed to work and take their kids to soccer practice. But there is no one there taking credit for the oil policy of this administration.

Today, the stock market is down 200 points, largely because of energy prices; and I do not hear anybody taking credit for that. The administration has the Energy Department. One would think they would figure out a response. Yet they can only accuse the other side of the aisle and our presidential nominee, that they are tied to big oil. Maybe they should stand up and say at least we can figure out an energy policy that will be good for America; that may bring down the cost of fuel for the consumers of America.

This robust economy that we understand that they have taken full credit for for the last 8 years may in fact be in a decline because of energy prices. It is insidious. It affects transportation; it affects heating bills. Wait until this winter, when we talk about the political dynamics of choosing food and medicine. We now have to choose between food, medicine and fuel, heating oil for our homes.

So I would just like it, if we are going to start embellishing rhetoric, creating facts, making up names, inserting foot in mouth, that at least somebody come to this floor and address the voters and taxpayers of this Nation as to where we are going with our energy policy. It is getting very difficult because those who are making the energy policy do not fill up their own tanks, so they do not feel the pain. They do not feel the pain when we reach into our wallets each week and pull out those precious dollars in order to keep our lives going forward and filling our vehicles with gasoline.

So, today, as we proceed to continue discussing appropriations items and the future of this Congress and the direction of our Nation, I do again urge the Vice President to please at least stick to the script and stick to the straight facts. I would hope he would not create and embellish names and drugs that are being taken by his family, which may or may not be true.

The American public deserves the truth. They deserve to know the facts. They need to know exactly where we are going on a prescription drug policy. We do not need to bring in Fido and the rest of the family to make a point. It was fraudulent, it was false, it was demeaning, it was misleading, and it was done in Florida, in a State where seniors are looking for honesty and decisions rather than fraudulent statements.

BORN ALIVE INFANTS PROTECTION ACT

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Pennsylvania (Mr. PITTS) is recognized for 5 minutes.

Mr. PITTS. Mr. Speaker, it was not long ago we were all scratching our heads wondering how anyone could ask what the meaning of "is" is.

Words have plain meanings, or at least they used to. And while many of us laughed about the President's confusion, this kind of semantic game has become a matter of life and death for many newborns because many in the abortion industry are trying to convince us that even after a child is born, even if he or she is born healthy, the child is not really a person. They claim the baby has no rights or legal protections, or even the right to live. The U.S. Court of Appeals for the Third District has gone so far as to rule in favor of this outrageous position.

This is yet another example of a group of radical judges turning kooky ideas into law through a fiat that the Constitution does not entitle them to.

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In the case of Planned Parenthood of Central New Jersey v. Farmer, the court ruled that it was "nonsensical for a State legislature to conclude that an infant's location in or outside the mother's womb has any relevance in deciding if the child may be killed. The Court decided that all that matters is whether or not the mother intended to have an abortion, even if it was a partial-birth abortion, which most Americans think is murder."

In other words, if a child is born alive because a doctor has induced labor as part of an abortion procedure, regardless of how late in the pregnancy, the child still may be killed. It does not matter how healthy the baby is or how loudly it cries. Once the mother decides to abort her child, it makes no difference how the baby exits the womb, we may still kill the child with impunity.

Mr. Speaker, how on Earth can we claim to be a civilized nation when we are killing living, breathing children and calling it legal?

I would like to read a portion of the testimony Jill Stanek gave back in July during the hearings on the Born Alive Infants Protection Act. Jill is a nurse that worked in a hospital in Oak Lawn, Illinois. Her hospital, which, I am embarrassed to say, is called Christ Hospital, performs abortions for women even in their second and third trimester.

Jill says that babies at that hospital sometimes survive the abortion procedure. These babies want to live, but the hospital lets them die anyway. Here is a little bit of her story.

"In the event that a baby is aborted alive, he or she receives no medical assessments or care but is only given what my hospital calls 'comfort care.' 'Comfort care' is defined as keeping the baby warm in a blanket until he or she

dies, although even this minimal compassion is not always provided. It is not required that these babies be held during their short lives.

"One night, a nursing coworker was taking an aborted Down's syndrome baby who was born alive to our Soiled Utility Room because his parents did not want to hold him, and she did not have time to hold him. I could not bear the thought of this suffering child dying alone in a Soiled Utility Room, so I cradled and rocked him for the 45 minutes that he lived. He was 21 to 22 weeks old, weighed a half pound, and was about 10 inches long. He was too weak to move very much, expending any energy he had trying to breathe. Toward the end he was so quiet that I could not tell if he was still alive unless I held him up to the light to see if his heart was still beating through his chest wall. After he was pronounced dead, we folded his little arms across his chest, wrapped him in a tiny shroud, carried him to the hospital morgue where all of our dead patients are taken.

"Other co-workers have told me many upsetting stories about live aborted babies whom they have cared for."

And there is much more.

Jill's story should horrify every American. We must decide are we a civilized nation or will barbaric practices like this continue.

I urge my colleagues to support the Born Alive Victims Protection Act. Let the American people know that we still know what decency means.

CARIBBEAN AMNESTY AND RELIEF ACT

The SPEAKER pro tempore (Mr. SIMPSON). Under a previous order of the House, the gentleman from New York (Mr. ENGEL) is recognized for 5 minutes.

Mr. ENGEL. Mr. Speaker, I want to announce that I have introduced H.R. 5032, which is the Caribbean Amnesty and Relief Act.

The act originally applied to people from the English-speaking Caribbean nations, but we have now expanded it to apply to people from all nations in the Caribbean.

Because of the close proximity of the Caribbean to the United States, there really is indeed a special relationship between our country and the Caribbean. And we have many, many people who have come to our shores and who want to come to our shores who immigrate to this country for the same reasons that my grandparents immigrated at the turn of the last century many, many years ago, wanting a better life for themselves and wanting a better life for their families; and, in doing so, they create a better life for all Americans.

Let us look at the kind of American who immigrates to this country. It is

not a lazy person. It is not someone who wants something for nothing. It is an industrious person, someone who leaves behind the old country, family, friends, culture, and comes to this country. It is a special person. Indeed we are by and large a nation of immigrants, and the reason why our country has grown and flourished and prospered is because of the industriousness of our immigrants.

And so, I believe that immigration is a good thing for this country. Some may disagree. I think they are wrong. I think immigration is good for this country and it is certainly the right thing to do in terms of helping industrious people become new Americans.

We have a problem, however. It is a problem in my district. It is a problem in other districts in that we have families who are stuck. Some of the families are stuck in the old country. Some of the families are in this country.

What my bill, H.R. 5032, attempts to do is to have family reunification as its core. Mothers and fathers and sons and daughters and sisters and brothers ought to be able to live together.

I can tell my colleagues that in my district I have heard horror stories where families are stuck in the Caribbean, some are in this country, and it is impossible to get them over here.

Now, some may use the term "illegal." And we have to have a cohesive policy with immigration. But I use the term "undocumented" because sometimes the difference between people who are undocumented and documented in this country is very capricious and arbitrary. And I can tell my colleagues stories of suffering of families again who only want the best.

So my bill would help families. What my bill would do is it would be an adjustment to permanent resident alien status, in other words, allow people to get green cards if they have been in this country since 1996 and ultimately, after a certain amount of years, allow them to become citizens of this country.

It would also allow them to have work authorization while their application is pending and would also create a visa fairness commission to collect data on economic and racial profiling. Because, again, I have heard many, many horror stories of arbitrary decisions involving immigration.

So, Mr. Speaker, I would urge my colleagues to support this bill. I think that this bill ought to be a crusade, and it will be a crusade of mine. I think people of all goodwill want to do what is best for this country and what is best for people. We are not talking about names that have no significance. We are talking about people's lives. And this affects people's lives. There is no reason again why if people want to come to this country why we should not have a cohesive policy of immigration in this country, one that would help families and not divide them.

So, again, the people of the Caribbean Basin have always been loyal friends of the United States. At the height of the Cold War, the United States looked to the Caribbean nations. And, as a result, a lot of the Caribbean countries have suffered political upheaval.

So let us talk about family reunification. Let us talk about doing what is right. Let us talk about a cohesive immigration policy that does not penalize people. Let us upgrade the very special relationship that this country ought to have with the nations of the Caribbean. But most importantly, let us have family reunification. Let us do what is right for those families. And let us do what is right for America.

PRESCRIPTION DRUG PLANS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 1999, the gentleman from Oklahoma (Mr. COBURN) is recognized for 60 minutes as the designee of the majority leader.

Mr. COBURN. Mr. Speaker, I would like to spend a little time this afternoon on a subject that we hear across all the airways and we read in all the newspapers and it is what all the politicians in the country are running around talking about. It is called prescription drug plans.

It is amazing how interested we are in this now that we have gotten into an election year. But the problem has been occurring for the last 3 years essentially.

There is no question in this country that, as the percentage of health care costs rise, an increasing proportion of that is prescription drugs. And there is no question that in our country, all of us, seniors, people in insured plans, people with no insurance, people on Medicaid, are having a more and more difficult time accessing the pharmaceuticals that we need to both succeed in treating the illnesses that we face and prevent illnesses that we could face.

My experience is I have been a physician for almost 20 years. I continue to practice on the weekends and on Fridays when we are not in session and on Monday mornings.

What I want to spend time today talking about is the direction of the Congress with this issue. I want to compare what we have heard President Clinton say and Vice President GORE say about their solution for this problem.

I have 18,000 square miles in Oklahoma that I am fortunate enough to represent. I will be going home when this session of Congress is over, and I will not be returning because I chose to limit my terms. But as we travel around and I talk to seniors, which have been the major topic that we have seen discussed in this potential to

began a political advantage, this bidding war on prescription drugs, if we ask the question, do you need help with prescription drugs, many will say yes. There is no question.

But if we ask the question putting with it the caveat of who is going to pay for it, the answers are totally different. If we ask seniors, do you want a prescription drug plan and do you want one that is going to lower the standard of living of your grandchildren, we never ask that, but that is implied in the question.

For historical purposes, when Medicare began, the estimated cost for Medicare in 1990 was \$12 billion in 1990. That is what the best accountants, the best people that we could have said that is what it was going to cost. And there are a couple of reasons why they missed it a thousand percent. It cost \$120 billion in 1990. There are two reasons they missed it.

Number one is it is hard to estimate; and number two, the politicians in Washington, if they do not have to be responsible for the cost of it, are going to add an additional benefit. That is a natural human response, whether one is a politician or otherwise, is to give somebody else's money away if in fact it helps them accomplish their purpose.

Well, we now have a drug proposal before us that is supposed to cost about \$100 billion over 10 years. And if we think about the track record for the Health Care Financing Administration and the CBO, the Congressional Budget Office, and the Government Accounting Office, all of which totally missed the cost to Medicare, what it is really going to cost is probably a trillion dollars over the next 10 years. That is where we are at.

Now, where are we going to get money to pay for that? We are going to delay the funding of it. We are going to borrow it. And we are going to eventually ask our children to pay for it and our grandchildren.

There is a lot of baby boomers out there, which I am one of them. There are 77 million of us that are baby boomers, and it will not be long that we will be eligible for the benefits under Medicare. And as we become eligible, the one thing we do know is that the cost of the Medicare program is going to skyrocket.

The second point that I want to make is, what is the real problem in our country in terms of people being able to get prescription drugs? What is the difficulty? It is not the quality of the drug. It is not the availability of the drug. It is not the research that brings the drugs forward. What is the real problem? The problem is price.

If we do not address the competitive issue in this solution to this problem, then all we are going to do is lower the cost for some seniors and transfer it to everybody else in the country. Unless we establish and make sure that that